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ABSTRACT

Interdisciplinary functioning in the graduate education of mental health professionals is the focus of this paper. A step-by-step approach to curriculum development through the use of an interdisciplinary model is provided. The reader is guided through the steps of identification of philosophy, methodologies of instruction, program goals, content and instructional objectives, all in a systems modality. Questions pertaining to: 1) who is most likely to function successfully in interdisciplinary pursuits, 2) substantive and methodological content, and 3) curriculum implementation are answered. (Author)

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CONSIDERATIONS

IN

BUILDING A CURRICULUM:

A SYSTEMS APPROACH

We must educate ourselves in a free society in which the world may enter.

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If we are to educate ourselves in a free academic society in which the world may enter, we must build measures of discipline that purposefully channel the multitude of ideas, events and people that will bombard us. As we invite the world to enter we must be prepared to expend our physical and mental energies in creating new and different interrelationships of ideas, events and people at continuing higher levels of interaction and complexity. For instance, once engaged in a meaningful experience in interdisciplinary functioning extends boundaries of input. The needs of a free society can better be assessed and plans better formulated in consort to reflect and anticipate these needs than a single attempt at the intraprofessional level. These statements appear to be successful circumlocution but in a sense cyclical change characterizes system change.

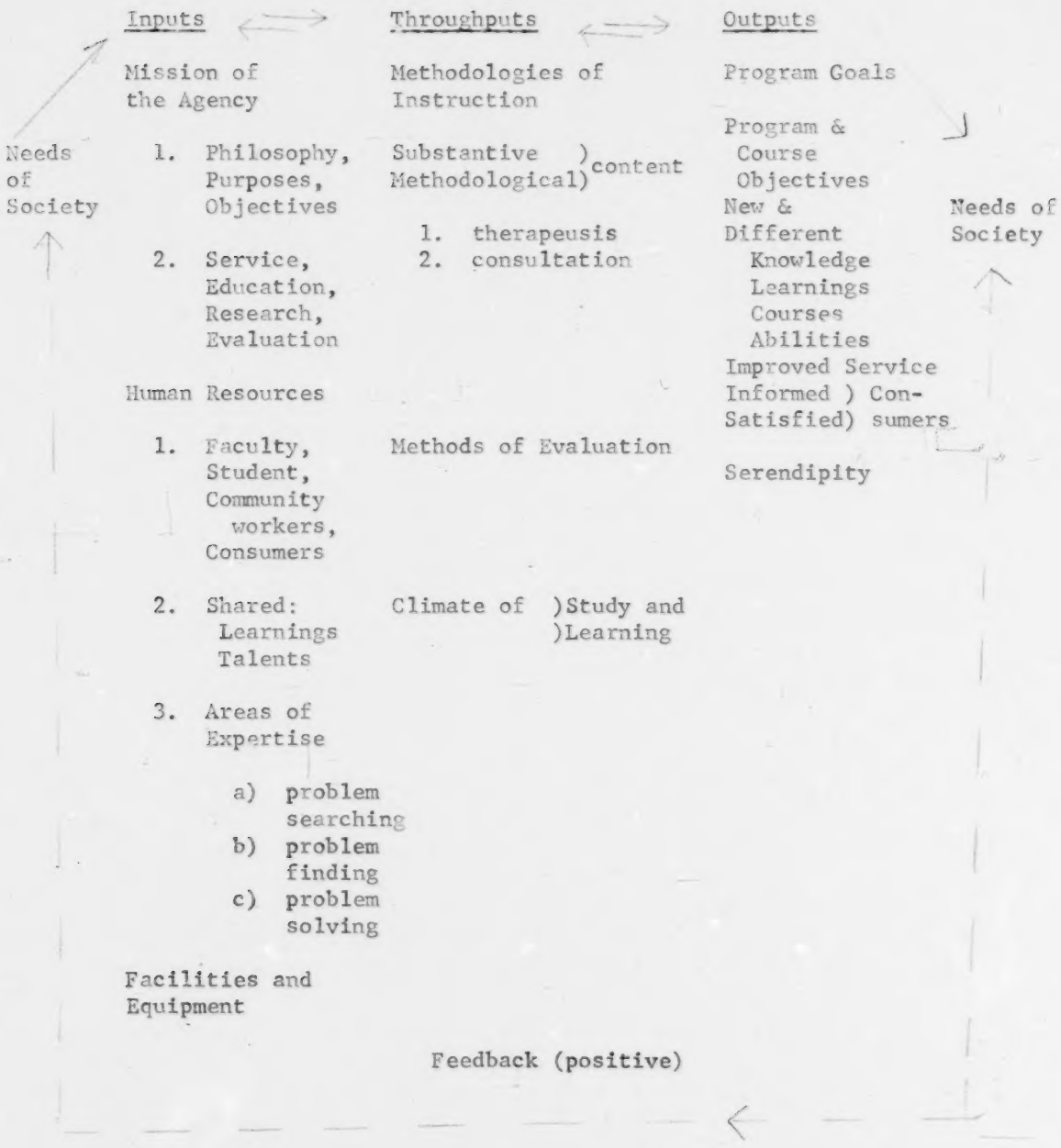
A system is a combination of units (subsystems) acting and moving in consort, interrelating one with another in constant motion, reflecting and anticipating one another in harmony. Inputs, throughputs and outputs are units/subsystems of the concept of systems. These units must be joined or bounded by semipermeable membranes that simultaneously retain and transmit materials between and among the units. A systems approach to the study of an organism (human, organizational, societal, cellular structure) identifies gaps between and among units, in this instance between professions and practice, and provides a framework

for the development of new and different combinations of knowledge, practice, research, service and education.

Figure one (next page) presents an initial step in instructional systems. When our inputs (shared human resources, facilities and equipment and shared endeavors in philosophy, purposes and objectives) reflect the needs of society, and our throughputs (the processes and methodologies) reflect our inputs, then our outputs are realized. Goals and objectives indeed reflect the throughputs (the educational process) and transmit new and different knowledges, abilities, learnings and improved service at higher levels of societal needs. Outputs then reenter the instructional system as new and different inputs. This cyclical motion is continuous as inputs become outputs and outputs become inputs. We may often achieve serendipity in our efforts.

FIGURE ONE

An Initial Step in Instructional Systems



As subsystems of instructional systems, our throughputs can be examined more closely. Figure TWO presents the analysis, below. Inputs in content (substantive and methodological) reflect and anticipate the needs of society; throughputs in methodologies of instruction reflect and anticipate inputs and outputs; output, in turn, meets needs and returns to the system as new and different inputs.

FIGURE TWO
Processes in Instructional Systems

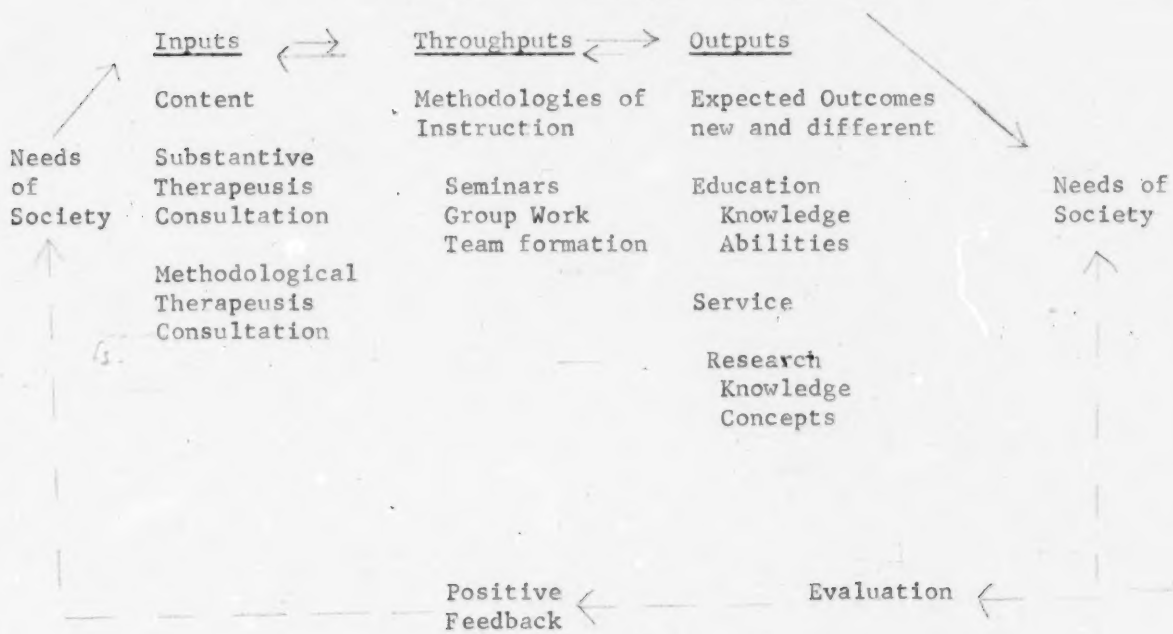


Figure THREE below identifies specifics in terms of content areas, methodologies of instruction and objectives to be achieved.

Figure THREE
Specific Instructional Design

Inputs	Throughputs	Outputs
Content Areas Substantive (Theoretical Formulations) Man: Environment Mental Health: Mental illness Social Organization Personality: Development Value Systems Psychodynamics Community Mental Health: Politics and Economics Responsibility, Accountability, Authenticity: free men in a free society Art: Science Unity: Diversity Professional Socialization Methodological (Process) Interdisciplinary Intervention Therapeusis Consultation Versatility in Rx Modalities: indiv/group couple, family play Synthesis/Analysis of Systems: indiv & group/E Transactional matrices	Methodologies of Instruction Seminars Group Work Team Work Supervision individual/group intra/inter-disciplinary cross disciplinary Provision of Service to varied systems through field experience Mini courses Core Courses Integrated Courses Team Teaching Lectures Projects: individual/group Audiovisual aids: TV tapes, films Direct and Indirect service with Interdiscip. Supervision Indiv/grp projects Publications Game)simulation Computer) Model Construction	Objectives to be achieved identification interrelation and differentiation of major theoretical formulations as these relate man to the world of ideas, events, people and therapeusis Formulation of personal and professional goals Discovery of interrelations between theory practice Refinement of therapeutic skills (observation, Assessment Diagnosis, Therapy indiv & grp Evaluation Team work in learning and working together varied systems

FIGURE THREE (Continued)

Inputs	Throughputs	Outputs
Theory Construction Research Conceptualization Problem-search and discovery, solution Consultation Resource/need assessment Compliance vs. Conformity: Systems Role of Key figures in system Strategies and Techniques Planning, Implementation Evaluation, Follow-up Tests and Measurements		Participation in Sharing and exchanging ideas, perceptions re. social and professional relationships Acceptance and utilization of skills of other disciplines and groups Discovery of interrelations between and among research findings and theoretical formulations

The general purpose of the curriculum is to reconstruct learning and teaching situations that indeed involve, excite and challenge the learners be they students, faculty, community workers, agency staff. Change, we know, is inevitable. Therefore, it might as well be purposeful in bringing modification, enrichment and strength into the lives of the members of a community; in bringing them into increasingly closer contact with each other; in influencing their sentiments about each other in positive meaningful interrelations; and in increasing and improving intercommunications and inter-human relationships.

Implementing the curriculum in a broad field-based model, Figure Four, page eight, provides a variety of clinician-consultant experiences in a variety of settings where changes need to be instituted to alleviate stress, to restore vigor and interest in varied cultural and community experiences and to introduce new systems of delivery that attune to the integration of the multifacets of community living. In this context, learners (faculty, students, consumers, staff, community workers) apply knowledge and refine their skills in the assessment and planning of mental health care, in the prevention of illness and promotion of health.

Depending on the number of field agencies with whom contracts for student experiences are made, a corresponding number of maxi teams are deployed in the areas selected, team constituency representing the model proposed at the beginning of this discussion. Each maxi team is organized into (1) mini teams to cover a five-day period in the week, and (2) midi teams to further im-

plement the tasks of learning to serve as clinician-consultants.

A broad field-based model not only brings the university to the community; it also affords learners first-hand experiences with the joys and tears of learning to share resources and to meet varying levels of community needs through teamwork and cooperative effort, as seen in Figure Four, next page.

FIGURE FOUR

Implementation in a Field-Based Model

Inputs	Throughputs	Outputs
Clinical Experiences (Interdisciplinary) Direct Clinical Experience Indirect Experience consultation supervision Direct Experience Observation/ Perception Interviewing-Recording Planning Treatment interventive preventive Assessing)consumer)community Needs-Resources Examining Concepts of continuity: complementarity coordination: correlation competition: collaboration interaction: transaction availability: accessibility conformity: compliance analysis: synthesis	Use of Variety of Mental Health Settings: centers, clinics, in-patient serv. school)public systems)private Youth Guidance Centers Public and Private Hospitals Youth Detention Centers Interdisciplinary teams Maxi-(total team (Students, (faculty (coordinators one team: Mini-students representing each discipline, one coordinator, one faculty member in one setting; 2 faculty alone 3 coordinators alone a combination of 1. two mini teams 2. coordinators, faculty 3. students, faculty	Development, Refinement of clinical and consultation skills Collaboration within teams and with agency staff and other community and social systems. Deepening awareness of: 1. self in relation to other people, 2. resources in consumer and community Achievement of Clinician Consultant Synthesis

The deployment of maxi teams into the varied agencies, figure five below, affords flexibility and fluidity 1) individual and group movement within, between and among teams (maxi, midi, mini) in a multitude of directions; 2) between and among teams, agencies, and consumers in a matrix of interacting dimensions and variables.

FIGURE FIVE
Team-Agency Interrelation

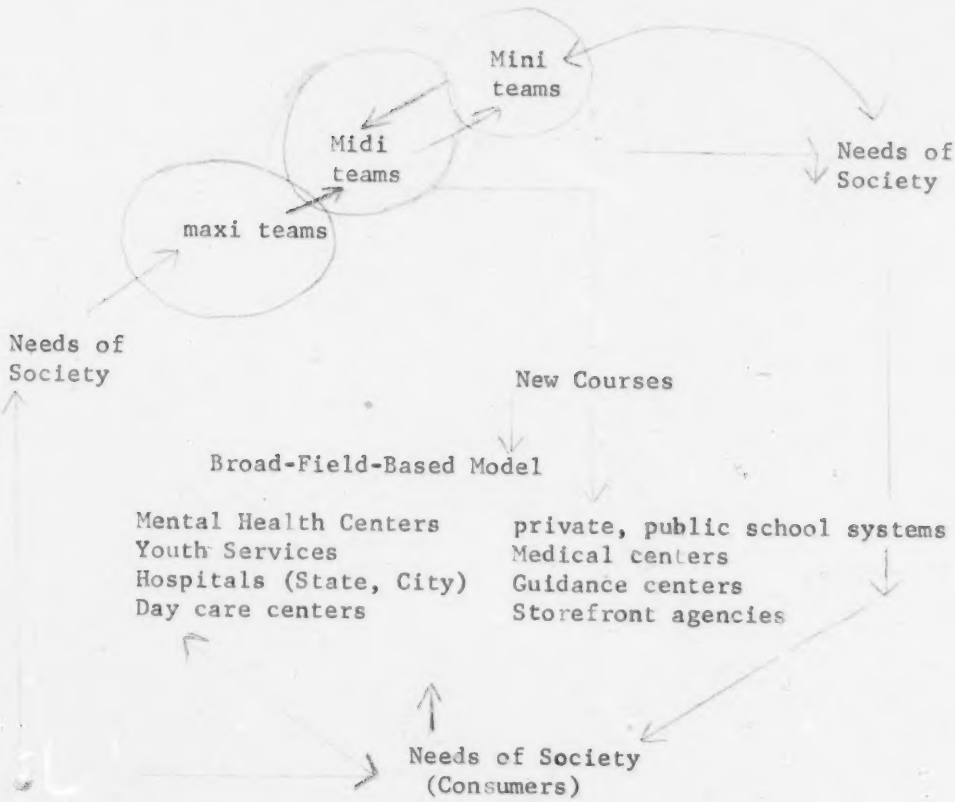
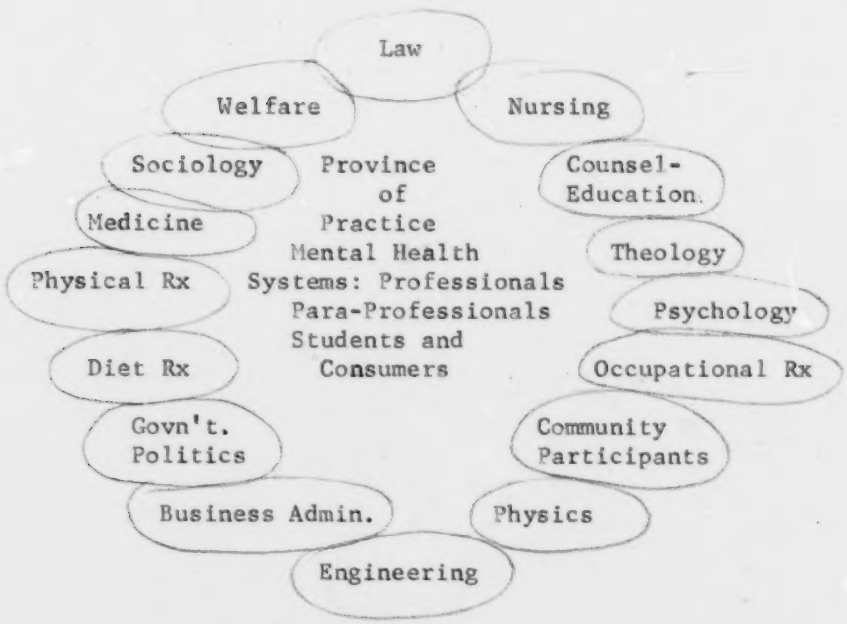


FIGURE SIX
Contributors to Mental Health System



Professions as in Figure Six above contributing to interdisciplinary practice in Mental Health Care may include persons in Law, Medicine, Theology, Government/Politics, Education (counseling) Welfare (Social work), Psychology, Occupational, Dietary and Physical therapies, Sociology, Nursing, Business Administration, and community workers: faculty, students and paraprofessionals. Characteristics of persons most likely to select and to be reasonably successful in interdisciplinary participation have been noted as being open-minded and committed to purposeful change. Not only were they considered to be flexible in their thinking and ability to adapt to changing conditions, but they were described as displaying a high tolerance for ambiguity and frustration. Interested in moving within "developing" systems rather than moving in "fixed" systems, they were restless in monotony and impatient in complacency.

Deepening their respect for the knowledge and ability of persons in other professions and in varied community pursuits, they sought to reconcile professional diversity with interprofessional unity and professional tradition with interprofessional innovation. Recognizing individual strengths as these are increased and reinforced by the strengths of others, they grow in experiencing a deepening sense of personal identity and worth.

We study, learn and work/teach together meaningfully today, only if our content, methods and objectives are products of yesterday's struggle for unity and promises of tomorrow's hopes for fulfillment.

This concept is not new; it has long been a guiding dynamic undergirding the task of curriculum building to achieve a clinician-consultant synthesis. That the curriculum reflect and anticipate the needs of society is but one mandate of the concept. Another mandate is that the professions (law, religion, education, health education, welfare, politics and others) monitor and attend to the manifold needs and hopes of mankind. Attending to human needs may be described in terms of delivery of human service through professional person or a group of professional persons in consort may render service that responds to multiple consumer needs. It is the latter modality around which our curriculum is built. In consort, donors and receivers of service enter the system to identify needs, plan and implement a common set of objectives, evaluate outcomes over and over again. Interventions are similar in terms of the processes through which we deliver service: observations, perceptions, assessment, diagnosis, evaluation. Interventions differ according to the uniquenesses of individual personality propensities and accordint to individual professional orientations.

Breaking ties with the traditional model of hierarchial ascendancy, the intention of this curriculum is to 1) facilitate the delivery of mental health service to individuals and groups in the designated catchment area; 2) create a mosaic of specialized professional orientation--a new generalist; 3) search for and discover general substantive and methodological guides which transcend differences, both personality and professional. A major attempt at curriculum reform, it is a bold and deliberate step to 4) refresh and rejuvenate the world of study, learning, teaching and delivering a human service in the form of therapeusis and consultation. More than a parade of course units, objectives, purposes and philosophy, this curriculum is a live experience in change: change in expanding value systems through commitment to service that is multi-dimensional, multivariate and responds to a multiplicity of human needs.

There is a paucity of literature that is pertinent to inter-professional, or interdisciplinary practice. There is also a paucity of attempts at integrated theoretical structures within which to nestle that practice. Such a structure would interweave the areas of individual-group and systems dynamics, learning change and therapeusis, problem solving, reflective thinking and critical inquiry, with concepts of professional socialization, discipline in art and science, balance in consonance and dissonance, interdigitation, autonomy and authenticity, and commitment and dedication. Thus a new and different formulation of theory

would be constructed.

A new and different system of delivery would be created through a mutually agreed upon set of objectives and goals. Different professions work in consort through similar and differing styles to help another human being find himself. All work in consort in differing need systems that all needs be met and all systems, helper and consumer, rise to high levels of need, performance and ability.

Six questions were posed as guides to discuss with you the preparation of an interdisciplinary clinician-consultant in mental health education:

1. Who are the persons most likely to select and to be reasonable successful in interdisciplinary functioning?
2. What are the substantive and methodological components of the curriculum?
3. How is the curriculum implemented?
4. Where is the curriculum experienced?
5. When?
6. Why is this modality of preparation being used?

The responses to these questions reflect the thinking of a group of faculty, community-workers and students whose first collective efforts in the summer of 1972 identified some of the interdisciplinary activities at work in Boston University.

The scene for interdisciplinary education provides many exciting, rewarding experiences as groups of faculty-students-community workers work together to deliver a quality of service that satisfies both donor and recipient. One is constantly con-

fronted with the principle: begin where the learner is, whether student, consumer or faculty member. The entire thrust is rejuvenating as teams of learners elevate their sights and insights.

Like the girl with the curl in the middle of her forehead interdisciplinary education is very good, when it is good; when it is bad, it is very, very bad. Where programs are synchronized, goals and objectives jointly identified, and participants accept the challanges of hard work, frustration, ambiguity and delayed successes, interdisciplinary groups function well. However, when programs are planned independently by individual colleges in the univeristy and individual agencies in the community, fragmentation of services and disruption of the best plans result. When goals and objectives become incompatible among team members, and between and among teams, sub-systems collide. Moreover, not all faculty, students and community workers are ready or desire to participate in joint efforts. Furthermore, there are those who desire but are unable. In this situation, parallel work and parallel learning result and the game who-is-the-leader is played.

But, there's hope....

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